

**Testimony of Katherine Kehoe**  
**Fairfax-Falls Church Community Services Board (Dranesville District)**  
*Before the House Appropriations and Senate Finance Committees*  
*of the Virginia General Assembly*  
*January 4, 2017*

Good morning. I am Katherine Kehoe, a member of the Fairfax-Falls Church Community Services Board. Our CSB last year served over 22,000 people of all ages who have challenges related to mental health, substance use or developmental disabilities, including more than 3,500 babies and toddlers with developmental delays.

On behalf of our board, I would like to bring to your attention our key concerns for this year.

A crisis of **heroin and opiate** addiction is impacting the nation, and our community has not been spared. There were 18 deaths from heroin overdoses in Fairfax County in 2015. Our CSB is working hard to prevent this surging death toll. Between July 1, 2015, and June 30, 2016, our CSB trained 640 people to administer naloxone, a medication that can reverse overdose symptoms from heroin and other opiates. The epidemic is impacting all ages, even newborns. A recent national study indicates that a five-fold increase has occurred between 2000 and 2012 in the numbers of infants born with neonatal abstinence syndrome due to maternal opiate use.

Yet in the last year, people with substance use disorders who want to stop using have had to wait up to three weeks before they could get into our medical detox services. Those seeking long-term residential treatment have had to wait 4 to 6 months.

We urgently need more state funding for community-based treatment and prevention programs, and for medication-assisted treatment.

Our second request is that you **support funding for training and services to support effective alternatives to incarceration for nonviolent offenders experiencing mental health and co-related substance abuse crises**. Fairfax County has committed considerable local resources to our “Diversion First” initiative launched a year ago, and we are seeing positive results.

But full implementation requires funds from the Commonwealth for more Crisis Intervention Team training, reintegration services for youth and adults, and improved screening and assessment tools. With your support, we can build a model diversion program that saves taxpayers millions of dollars that would otherwise be spent on expensive and

counterproductive incarceration. More importantly, by diverting nonviolent offenders to mental health and substance use treatment and supports, we can hasten their recovery and save lives.

Another key issue for us is the need for continued, sustainable funding for services for Virginia's infants and toddlers who have developmental delays. Such services are provided through the state/federal "Part C Early Intervention" program, which in Fairfax is provided through our CSB's "Infant and Toddler Connection." Demand for our ITC services grew over 7 percent between FY 2015 and FY 2016, and the trend is expected to continue.

Finally, there is a critical need for funding to increase Medicaid waiver rates and the number of slots for individuals with developmental disabilities, so that we can provide appropriate community services. Virginia's newly redesigned waivers only partially address the problem of underfunded community services, and waiver rates continue to be far below the cost of providing necessary services in Northern Virginia. In the four years since the settlement agreement was reached, the Commonwealth has failed to create sufficient and appropriate housing and employment/day supports in Northern Virginia for people with developmental disabilities. More funding is essential if the Commonwealth is going to fulfill its responsibility to implement the Department of Justice settlement agreement.

My handouts provide further information about these and other issues of importance to our Community Services Board.

Thank you for listening and thanks for your support.

**Testimony of Gary Ambrose**  
**Chairman, Fairfax-Falls Church Community Services Board**  
*Before the Fairfax County Delegation to the Virginia General Assembly*  
*January 7, 2017*

Hello, I am Gary Ambrose, Chairman of the Fairfax-Falls Church Community Services Board. Last year, our CSB served over 22,000 people who have mental health challenges, substance use disorders, or developmental disabilities, including more than 3,500 babies and toddlers with developmental delays. I am here today with two of my CSB Board colleagues to bring to your attention several urgent priorities for this year's legislative session.

One is the crisis of heroin and opiate addiction impacting the nation, from which our community has not been spared. Eighteen people died from heroin overdoses in Fairfax County in 2015. Statewide in the last year, more Virginians died from drug overdoses than from car accidents.

Our CSB is working hard to prevent such deaths.

Between July 1, 2015, and June 30, 2016, our staff trained 640 people in our community to administer naloxone, a medication that reverses opiate overdose symptoms.

The epidemic is impacting even newborns. A recent national study indicates that, between 2000 and 2012, a five-fold increase has occurred in the numbers of infants born with neonatal abstinence syndrome due to maternal opiate use.

Yet people with substance use disorders who want to stop using have had to wait up to three weeks before they could access our medical detox services due to resource constraints. People seeking long-term residential treatment have had to wait 4 to 6 months.

We urgently need more state funding for community-based treatment and prevention programs, including medication-assisted treatment.

Suicide prevention is another urgent priority. In Virginia, suicide is the third leading cause of death among 10 to 24 year olds. We appreciate the support you have provided to launch SPAN--the Suicide Prevention Alliance of Northern Virginia, whose partners include the five CSBs of Northern Virginia and other Northern Virginia groups, all working together to raise awareness and to share suicide prevention resources.

One important resource, first launched in Fairfax and now shared by the region, is online suicide prevention training developed by the Kognito company. Via interactive role playing with online "avatars," the person taking the training learns how to recognize signs of psychological distress in a young person and to communicate appropriately to connect them with support.

We believe there is merit in providing all Virginians access to this evidence-based training via a statewide license.

Our handouts provide additional information about these and the other issues that my colleagues will talk about next. Thank you, as always, for your support.

**Testimony of Diane Tuininga**  
**Member, Fairfax-Falls Church Community Services Board**  
*Before the Fairfax Delegation to the Virginia General Assembly*  
*January 7, 2017*

I am Diane Tuininga, Fairfax City's representative on the Fairfax-Falls Church Community Services Board.

It is not a crime to have a mental illness. Yet far too many people are in jail because their illness causes them to commit an offense like disruptive behavior or trespassing. Our community's "Diversion First" initiative offers alternatives to incarceration for people with mental illness, developmental disabilities, and co-occurring substance use disorders who come into contact with the criminal justice system for low-level offenses. The goal is to intercede whenever possible to provide assessment, treatment or needed supports.

Fairfax City police and fire and rescue departments are partnering with Fairfax County in this effort, as are the City of Falls Church public safety departments and those of the towns of Herndon and Vienna.

A year ago, we opened the Merrifield Crisis Response Center, located within our CSB emergency mental health services offices in Merrifield. Onsite law enforcement officers at the MCRC can accept custody of people brought in by patrol officers, so the individuals can be assessed by CSB emergency services staff and the patrol officers can return to their duties. In the first six months, 771 people were brought in by law enforcement for an assessment; of those, 209 had potential criminal charges but were diverted from arrest to mental health services.

Crisis Intervention Team (CIT) training for law enforcement officers is another key component of Diversion First, along with Mental Health First Aid training for fire and rescue personnel and other first responders, as well as for our County's magistrates. And, with County support, CSB was able to staff a second Mobile Crisis Unit to provide emergency services support in the community.

Considerable local revenues and resources are committed to this effort, but full implementation will require investments from the Commonwealth. We need your help to increase the availability of mental health services and CIT team training, improved tools for screening and assessment, and reintegration services for youth and adults who are at high risk for re-hospitalization or re-offending.

Working together, we can build a model diversion program and save taxpayers millions of dollars that would otherwise be spent on expensive incarceration. Most importantly, by diverting nonviolent offenders to mental health and substance use treatment and supports, we can hasten their recovery and save lives.

Another issue for us is the need for sufficient State funding for intensive community resources, so people can make the transition from psychiatric hospital to community care. The Commonwealth provided funding in 2015 for 11 additional psychiatric hospital beds at the Northern Virginia Mental Health Institute. But 25 to 33 percent of our region's state psychiatric hospital beds are continually occupied by people who cannot transition to community care due to lack of services.

This makes no sense when the cost of serving someone in the community, even someone who needs intensive services, is only 15 to 25 percent of the cost of providing services in a hospital setting. Increasing the investment in intensive community mental health services makes financial sense. Helping people return more quickly and successfully to their communities makes human sense.

Thank you for this opportunity to share our concerns. We are very grateful for your support.

**Testimony of Bettina M. Lawton**  
**Member, Fairfax-Falls Church Community Services Board**  
*Before the Fairfax Delegation to the Virginia General Assembly*  
*January 7, 2017*

I am Bettina Lawton, Hunter Mill District representative to the Fairfax-Falls Church Community Services Board.

In FY 2016, our CSB provided community-based services and supports to over 3,500 people with intellectual disability. Our support coordination, residential, and employment and day services help people with disabilities live, work and thrive in the community.

Over 10,000 Virginians with developmental disabilities are on a waiting list for Medicaid waivers to help pay for such services. Of these, nearly 2,000 are from Fairfax County.

It has been four years since Virginia and the U.S. Department of Justice reached an agreement to move Virginia from an institution-based system to a community-based system of services for people with developmental disabilities. But Virginia has not yet provided sufficient funding to make this transition successful.

When the Northern Virginia Training Center closed in January 2016, our CSB successfully moved 89 Fairfax residents out of the center and into new homes with community-based services. But not all of these placements were in Northern Virginia. Some residents had to relocate to other parts of the state because Northern Virginia lacked sufficient housing and other supports.

Virginia's redesigned Medicaid waivers only partially address the problem. Reimbursement rates continue to be well below the cost of providing services in Northern Virginia. For people who are medically very fragile, this disparity between waiver reimbursement rates and actual cost of needed services is even more pronounced.

Additional funding is urgently needed to increase Medicaid waiver rates, provide slots for individuals with developmental disabilities, and provide appropriate community services to implement the federal settlement agreement.

We also need sustainable funding for Part C early intervention services for infants and toddlers, age 0 to 3, who are not developing as expected or who have a medical condition that can delay normal development. These services help increase the child's participation in family and community activities, and guide parents and caregivers in finding ways to help the child learn through everyday activities.

In Fairfax, the average monthly number of children needing early intervention services through our Infant and Toddler Connection has grown by more than 70 percent between 2010 and 2016. Demand for ITC services is expected to continue to grow at an average rate of six to eight percent annually.

This increased demand and cost of services has produced a significant, ongoing funding shortfall. We appreciate the increased funding the General Assembly has provided to address the shortfall for FY 2017 and FY 2018. We ask that you also provide funds to increase Medicaid reimbursement rates from \$132 to \$175 per month to align them with actual costs and ensure that Medicaid-eligible children can get these important early intervention services.

Thank you for your continued support and partnership.

# **Key Behavioral Health Issues for Fairfax County and Northern Virginia**

## **Preventing overdose deaths from heroin and opiate use**

Support increased capacity to address and prevent substance use disorder through robust community-based treatment and prevention programs. Urgent need for increased use of and funding for substance use disorder treatment services such as medication-assisted treatment (Vivitrol and Suboxone).

## **Suicide Risk and Prevention**

Extend access to Kognito online suicide prevention training by acquiring a statewide license for this evidence-based interactive training now being used throughout Northern Virginia. Increase mental health outreach and support efforts with older residents through partnerships between CSBs and local Area Agencies on Aging.

## **Mental Health**

Support state funding to improve the responsiveness of the mental health system and to adequately staff and create more Crisis Assessment and Stabilization Centers for assessment of and intervention with individuals of all ages experiencing behavioral health crises.

Support sufficient state funding for intensive community resources, allowing individuals to transition safely and expediently from psychiatric hospitals to community care.

Support additional residential and mental/behavioral health services for transitional youth (ages 16 to 24) who have received intensive mental/behavioral health services and/or been in out-of-home placements, to ensure they receive the essential services needed for a successful transition to adulthood.

## **Diversion First & Decriminalization of Mental Illness**

The “Diversion First” initiative in Fairfax County offers alternatives to incarceration for people with mental illness, developmental disabilities, and co-occurring substance use disorders who come into contact with the criminal justice system for low level offenses. Full implementation will require not only a sustained commitment from our county, city and community leaders, but also additional investments from the Commonwealth.

## **Medicaid Waivers**

Provide additional state funding to increase Medicaid waiver rates and slots for individuals with developmental disabilities, to provide appropriate community services and ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement.

## **Early Intervention Services for Infants and Toddlers with Developmental Delays**

A significant funding shortfall has resulted from the increased demand and costs of services in Fairfax County and statewide. The General Assembly approved \$900,000 additional one-time funding for FY 2016 and accepted the Governor’s proposal to increase state funds for early intervention by \$1.7 million in FY 2017 and \$2.5 million in FY 2018. Increased funding will continue to be necessary to keep pace with the demand for this critical program and to align reimbursement rates with actual costs.